2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 08:00 AM Secretary of State

ANNOAL	REPURI		14p1 10, 2000 00:00 1
DOCUMENT # P93000000 1. Entity Name ACE PRODUCTS UNLIMITED, INC.	108		Secretary of State
Principal Place of Business 7825 NW 72ND AVENUE MIAMI, FL 33166 US	Mailing Address C/O WILLIAM HARRIS 1711 N.W. 106 TERR. PEMBROKE PINES, FL 33026	US	
DO NOT WRITE		CE	01282005 No Chg-P CR2E034 (10/03) 4. FEi Number 65-0378549 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current R HARRIS, WILLIAM G 7825 NW 72ND AVENUE MIAMI, FL 33166	egistered Agent		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am (amiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE. Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees			
10. OFFICERS AND D TITLE DPS NAME HARRIS, WILLIAM STREET ADDRESS 1711 N.W. 106 TERRACE PEMBROKE PINES, FL TITLE VT NAME HARRIS, MARY STREET ADDRESS 1711 N.W. 106TH TERRACE CITY-ST-ZIP BEMBROKE PINES, FL	IRECTORS		U00000307011 04/15/05-80039-005 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE			DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		£ <u></u>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	is filing does not qualify for the exer	motion stated in Sa	ction 119.07(3)(f). Florida Statutes. I further certify that the information
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daysuffe Phone #			